



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

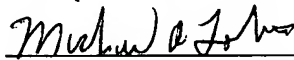
In re Application of

Serial No. : 10/010,789  
Applicant(s) : Worrell et al.  
Filing Date : November 13, 2001  
Title : Message and User Attributes in a Message Filtering Method and System  
Examiner : Bhat  
Art Unit : 2863  
Docket No. : QUA 026 PA

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

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Attorney

Reg. No. 33,348

AMENDMENT AFTER FINAL REJECTION

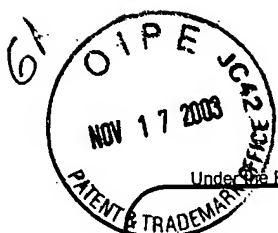
Sir:

In response to the Office Action of October 3, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/010,789	
	Filing Date	November 13, 2001	
	First Named Inventor	Steven W. Worrell	
	Art Unit	2863	
	Examiner Name	Aditya S. Bhat	
Total Number of Pages in This Submission	7	Attorney Docket Number	OUA 026 PA

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael D. Folkerts, Reg. No. 33,348
Signature	<i>Michael D. Folkerts</i>
Date	11-12-03

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Signature	<i>Michael D. Folkerts</i>
Date	11-12-03

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